

MENTAL HEALTH UPDATE

August 29, 2007

THIS WEEK'S BANNER OF HOPE ---

“Once you choose hope, anything is possible.”

ADULT MENTAL HEALTH

DMH Trains on Access to Federal Disaster Funds

Michelle Lavallee, the Department of Mental Health's Acute Care Chief, attended a Basic Crisis Counseling grant-writing course at the National Emergency Training Institute in Emmitsburg, Maryland, August 13-16. The training facility falls under the aegis of the Department of Homeland Security and offers courses for first responders.

In the event of a presidentially declared disaster, Vermont's Department of Mental Health (DMH) would have 14 days from the date of the declaration to submit an Immediate Service Program (ISP) grant application for funds that last 60 days. If additional services are deemed necessary, states may apply for nine months of additional funding. These federal funds are available when the scope of a disaster eclipses what the state can provide by way of mental-health services. New York State applied for CCP Crisis Counseling Program grants after September 11th, as did Mississippi and Louisiana after Hurricane Katrina.

Evidence Based Practices Training and Evaluation Grant Update

Since receiving federal funding for an Evidence-based Treatment Training and Evaluation Grant in 2003, Community Rehabilitation and Treatment (CRT) programs have been steadily building capacity to serve their clients who have co-occurring substance use issues. The goal has been to establish integrated co-occurring disorders treatment according to evidence-based principles as a part of 'business as usual' CRT services statewide. As the grant-funded activity comes to a close on September 28th, the Department of Mental Health and the CRT Programs have worked closely to develop the necessary local and state infrastructures to sustain the clinical work beyond the grant. This has involved a mutual commitment to work within an ongoing continuous quality improvement framework. CRT Programs are agreeing to conduct an assessment of program fidelity to Integrated Dual Disorders treatment into the existing quality management activities on a yearly basis. In addition, DMH will adopt the Clinical Practices Advisory Panel's recommendations that IDDT (Integrated Dual Disorders Treatment) services be embedded within ongoing program monitoring standards. By the end of the September, a final report will be submitted to SAMHSA and made available via the DMH and VISI webpage.

Central Vermont Medical Center seeks Designation to provide ECT Treatment

The Central Vermont Medical Center formally notified the Department of Mental Health on August 15, 2007 of their intent to seek designation for the provision of Electro Convulsive Therapy (ECT) Treatments. ECT is a medical treatment in which electricity is applied to the scalp and this produces a seizure in the brain. The Department of Mental Health is statutorily charged with monitoring the provision of ECT treatments in designated facilities in Vermont under Title 18, Chapter 17 § 7408. Specific oversight responsibilities include establishment of a uniform informed consent process, forms, and materials; oversight and monitoring of all facilities administering electroconvulsive therapy; and the collection of statistical data on the use of electroconvulsive therapy from all treating facilities. A comprehensive site visit, including review of environment, policies, procedures, staff training, treatment consent requirements, and clinical-record keeping will be conducted in September. CVMC is hopeful that a successful designation visit and approval for ECT treatments will allow the facility to begin treating patients by the end of September.

CHILDREN'S MENTAL HEALTH

Act 264 Advisory Board to Gather Information for System of Care Recommendations

The Act 264 Advisory Board is beginning its annual process to create recommendations for the on-going development of the interagency system of care for children and adolescents experiencing a severe emotional disturbance and their families. The nine members of the Governor-appointed Board have prepared questions and sent them out to participants who will be attending the first of two full-day meetings scheduled for Friday, September 14, 9:30 a.m.–3:00 p.m., at Waterbury's Skylight Conference Room. All meetings of the Board are open to the public.

Under a recent Interagency Agreement between the Agency of Human Services and the Department of Education, the definition of youth who may be eligible for a Coordinated Service Plan has expanded from the original definition of emotional disability to include all 14 disability groups under state and federal special education law. The morning session will include discussions with members of the State Interagency Team and the State Implementation Team, all of whom will guide the expansion of the scope of Act 264. The afternoon session will focus on a discussion with AHS Secretary Cindy LaWare and Scott Johnson, Deputy Commissioner for Field Services as well as many Department Commissioners and Deputy Commissioners including Richard Cate (Education), Michael Hartman and Beth Tanzman (Mental Health), Steve Dale (Children and Families), Joan Senecal and Theresa Wood (Disabilities, Aging, and Independent Living), and Sharon Moffatt and Barbara Cimaglia (Health). The major focus of each session will be discussing the strengths, weaknesses, opportunities and threats perceived by various stakeholders in the interagency system of care. The Board's recommendations are due in January.

FUTURES PROJECT

Legislative Consultants Release Interim Report

The consultants hired by the legislature to examine the Futures planning process and consider options to replace the current functions of Vermont State Hospital (VSH) outlined a number of policy issues in their preliminary report to lawmakers. By raising these issues, the consultants have shed light on the possible type and distribution of beds that could meet acute care, secure residential, and extended rehabilitation needs of VSH patients. As not all VSH patients require hospital care, the report suggests that the need for high cost acute care beds can be lessened if

sub-acute and secure beds are available in non-hospital settings. They also highlighted the potential of community hospitals with psychiatric units to use their full capacity with new facility and staffing enhancements. Access for people in the correctional system who need inpatient psychiatric hospitalization, and the same standard of care as provided to other Vermont citizens, is a concern. In addition, the consultants suggest that Vermont consider an expedited process for non-emergency involuntary interventions.

The consultants are Richard Surles, a former Commissioner of Mental Health; Con Hogan, former Secretary of Human Services; and Tom Moore, former Deputy Commissioner of Social and Rehabilitation Services.

The preliminary report is available on the DMH website on the Futures page and under “Current Topics”; the final report is due to the Legislature in November.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

General Update

The VISI Program continues to do fidelity visits with 29 agencies and hopes to have all agency action plans in by October 31st. The action plans will outline incremental changes needed to improve services for people with co-occurring mental-health and substance-use conditions. The action plans are based on VISI fidelity visits and other Program technical assistance.

VISI Recovery Camping Trip

A Co-occurring Recovery Camping Trip will take place from Saturday, September 1st, to Monday, September 3rd, at Lake Elmore State Park. This trip is for anyone interested in co-occurring recovery and it is free. Space is still available. Contact El’Anyia Nightingale at FOR-VT at 1 (800)769-2798.

VISI Meetings are Listed on “Upcoming Meetings” Schedule

Every two weeks, a schedule of upcoming meetings is posted along with a current issue of this Mental Health Update. Please refer to this schedule for a list of VISI meetings by clicking on “Upcoming Meetings” in the bi-weekly Update.

VISI Training Opportunities

Module 3 of the VISI Co-occurring 101 training for PATH providers and Recovery Center support staff will be on Friday, September 21st, from 10:00 a.m. to 1:00 p.m. at the Vermont Technical Training Site in Randolph.

On October 12, VISI will be sponsoring the keynote speaker and several workshops at the Valley Vista Conference on co-occurring disorders at Lake Morey. The keynote speaker will be Terence Gorski, an internationally recognized expert on substance abuse, mental health violence and crime.

For information about upcoming meetings, trainings or participation on committees please contact Paul Dragon at 652-2020.

VISI Resources

Please check out the VISI website at <https://healthvermont.gov/mh/visi/>

The co-occurring brochures for consumers are in. They are a great way to get basic information across to people in need of services.

VERMONT STATE HOSPITAL (VSH)

VSH has begun implementation of initiatives that address The Joint Commission's (JCAHO) National Patient Safety Goals for 2007 and 2008. The National Patient Safety Goals have been developed to promote specific improvements in patient safety. The goals highlight documented problem areas in health care that may compromise patient safety and they describe evidence and expert-based consensus about solutions to these problems.

An example of a Goal that VSH is currently addressing is National Patient Safety Goal #1: *Improve the accuracy of patient identification*. The suggested solution is (1A): *Use at least two patient identifiers when providing care, treatment or services*.

The rationale for this proposed solution is that wrong-patient errors occur in virtually all aspects of diagnosis and treatment. The intent of this goal is two-fold; first, to reliably identify the individual as the person for whom the service or treatment is intended and second, to match the service or treatment to that individual. The expectation is that two patient identifiers will be used when administering medications, when collecting specimens for clinical testing and when providing other treatments or procedures.

VSH direct care staff consistently use patients' admission photographs as one patient identifier and the patients' names as a second. The Joint Commission recommends using a second staff member to confirm a patients' identity when administering medications, collecting specimens for clinical testing and providing treatments. VSH is currently updating policies to reflect these Joint Commission Patient Safety Goals and staff education is underway to train staff about these safety strategies.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 51 as of midnight Monday night. The average census for the past 45 days was 47.